

Approved, SCAO

Original - Trial court  
1st copy - Prosecutor  
2nd copy - Defendant/Juvenile for return  
3rd copy - Defendant/Juvenile

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**NOTICE OF RIGHT TO APPELLATE REVIEW  
AND REQUEST FOR  
APPOINTMENT OF ATTORNEY**

**CASE NO.**

**Judge:**

**Court address**

**Court telephone no.**

THE PEOPLE OF THE STATE OF MICHIGAN

**v**

Defendant/Juvenile name, address, telephone no., and date of birth

**NOTICE OF RIGHT TO APPELLATE REVIEW** Note to Court: This Notice must be given to the defendant/juvenile at sentencing

1. You are entitled to appellate review of your conviction and sentence. This is done by filing either a "Claim of Appeal by Right" or an "Application for Leave to Appeal". If you pled guilty or nolo contendere, an appeal must be done by filing an application for leave to appeal.
2. Whether you appeal by right or apply for leave to appeal, if you cannot afford to hire an attorney to represent you on appeal and you request an attorney, the court will appoint an attorney and furnish the attorney with the portions of the transcript and record that the attorney needs.
3. A request for the appointment of an attorney must be made in writing and sent directly to the court at the address noted above within 42 days. The financial schedule on the back of this form must be completed.

**RECEIPT OF NOTICE OF APPEAL RIGHTS AND APPLICATION FOR LEAVE TO APPEAL**

On this day I received this form and financial schedule. I understand that I must return the completed Request for Appointment of Attorney to the court within 42 days if I want an attorney appointed for my appeal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of defendant/juvenile

**REQUEST FOR APPOINTMENT OF ATTORNEY AND AFFIDAVIT OF INDIGENCY**

I request appointment of an attorney to appeal my conviction. If applicable, conditions for my request are on the back of this form. The affidavit of indigency and financial schedule on the back of this form is submitted to show my financial condition.

☐ I request the court waive the filing fee for my application for leave to appeal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of defendant/juvenile

**NOTE TO DEFENDANT/JUVENILE:** After completing the request for appointment of attorney and the affidavit of indigency and financial schedule, keep one copy for yourself and return the other copy to the court.

## AFFIDAVIT OF INDIGENCY AND FINANCIAL SCHEDULE

I request a court appointed attorney and submit the following information:

<b>1. RESIDENCE</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents <input type="checkbox"/> Room/Board <input type="checkbox"/> Prison _____ Number	
<b>2. MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
<b>3. INCOME</b> a. Employer name and address	b. Length of employment
	c. Average of pay <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks Gross: \$ _____ Net: \$ _____
d. Other income (state monthly amount and source [DSS, VA, rent, pensions, spouse, unemployment, etc.]) If no income, state NONE.	
<b>4. ASSETS</b> State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc. If no assets, state NONE. Attach an account statement and certification for assets in prison accounts.	
<b>5. OBLIGATIONS</b> Itemize monthly rent, installment payments, mortgage payments, child support, etc.	
<b>6. REIMBURSEMENT</b> I understand that I may be ordered to reimburse the court for all or part of my attorney and defense costs.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Notary public